

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re: Stephen Joseph Paul

Case No. 16-10794
Chapter 13

Debtor(s).

**LOSS MITIGATION AFFIDAVIT OF DEBTOR(S)
AND CERTIFICATE OF SERVICE**

STATE OF NY) ss.:
COUNTY OF ALBANY)

I, Cheryl Sweet, being sworn, say: I am not a party to this
action, am over 18 years of age, and reside in Broadalbin, NY.

Instructions:

- (1) Complete, as is appropriate, either Part A: Request for Documents/Information by Debtor(s) or Part B: Debtor(s)' Response to Request for Documents/Information.
- (2) Complete Part C: Loss Mitigation Contact Information, unless the information was provided in the Loss Mitigation Request by Debtor(s) and Certificate of Service.
- (3) Complete Part D: Certificate of Service.

On behalf of Debtor(s):

Part A: Request for Documents/Information by Debtor(s)

On _____, 20____, I served a true and accurate copy of the Debtor(s)' Request for the following documents/information:

- ☐ A copy of Debtor(s)' payment history;
- ☐ Other (please specify): _____

Part B: Debtor(s)' Response to Request for Documents/Information

On June 14, 20 18, I served a true and accurate copy of the Debtor(s)' Response to Creditor's Request for documents/information, including the following:

- ☐ A copy of the Debtor(s)' two (2) most recent federal income tax returns;
- ☐ A copy of the Debtor(s)' last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s);

Or, if the Debtor(s) is/are self-employed:

A copy of the Debtor(s)' Profit and Loss Statements, setting forth a breakdown of the monthly income and expenses for the Debtor(s)' business (es), for the two (2) most recent months of _____ and _____;

- ☐ A completed copy of the Creditor's Financial Worksheet;
- ☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs;
- ☒ Other (please specify): 2017 tax returns for Debtor and wife and bank statement

for 2 months for debtor and wife.

Part C: Loss Mitigation Contact Information

The Loss Mitigation contact information for the Attorney for the Debtor(s) is as follows:

Name: Guy J. Criscione
Title: Attorney for Debtor
Firm: Law Office Guy J. Criscione
Address: 817 Madison Avenue
Address 2: _____
City: Albany State: NY Zip Code: 12208
Phone No.: 518-449-1680 Facsimile No.: 518-427-6720
Email Address: guy@guycriscione.com

Part D: Certificate of Service

On June 14, 20 18, I served a true and accurate copy of the above
Loss Mitigation Affidavit by Debtor(s)—

—by notice of electronic filing (NEF) via the CM/ECF system upon the following
parties at the email addresses listed below:

US Trustee's Office
Andrea E. Celli, Chapter 13 Trustee
Terri Sweeting at Rosicki, Rosicki

—by first class mail upon the following parties at the addresses listed below:

—by certified mail upon the following parties at the addresses listed below:

Dated: June 14, 20 18
Albany, New York

/s/ Cheryl Sweet
Name

Sworn to before me this

14th day of June, 20 18
/s/ Guy J. Criscione
Notary Public, State of New York